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APPLICANTS

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** CONTINUING DATA **

This application is a CIP of 10/766,049 01/28/2004 ABN *TAF* *yes*

** FOREIGN APPLICATIONS **

None TAF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Multi-modal RF coil for magnetic resonance imaging

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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